



Personal information you provide may be used for secondary purposes [Privacy Law s.15.04 (1)(m)].

## ANHYDROUS AMMONIA ACCIDENT REPORT

<b>Building Name</b>	<b>Owners Name</b>	<b>Registration Tag No.</b>
<b>Street Address</b>	<b>Address</b>	<b>Regulated Object ID.</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>	<b>Manufacturer</b>

**Comm 43.16 Accident reporting.** Whenever an accident occurs that relates to the operation an anhydrous ammonia installation and causes personal injury requiring professional medical attention, the owner or operator shall report the facts involved to the department within 2 business days. The owner or user may not remove or disturb the Ammonia Storage or any of its parts nor permit any such removal or disturbance prior to receiving authorization from the department, except for the purpose of saving human life or preventing further property damage.

Name of Injured: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Nature of Injury: \_\_\_\_\_

Did Accident Cause a Fatality: ☐ Yes ☐ No

Was Ammonia Storage or parts moved: ☐ Yes ☐ No

If Yes Reason: \_\_\_\_\_

Contractor / Inspector Notified: ☐ Yes ☐ No  
If Yes Name(s) and Telephone Number(s) \_\_\_\_\_

Describe fully how accident occurred and state what injured was doing when the accident occurred, Include attachment if necessary: \_\_\_\_\_

Name(s) and Telephone Number(s) of Witness: \_\_\_\_\_

Does Ammonia Storage have a Permit to Operate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Inspection: _____
Name of Person Filing Report (Please Print Clearly)	Company or Firm _____
Signature of Person Filing Report _____	Date of this Report _____

**This Report must be Filed With the Department of Commerce Within 2 days of Accident**

**A Copy of This Report Should Be Forwarded to the Owner**